



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MAJOR HOSPITAL

City of Hospital: Shelbyville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Rob Kinder

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Medicare Provider Number: 150097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10485245
Outpatient Patient Service Revenue	\$392304540
Total Gross Patient Service Revenue	\$402789785

2. Deductions From Revenue

Contractual Allowance	\$338891752
Other Deductions	\$1255613
Total Deductions	\$340147365

3. Total Operating Revenue

Net Patient Service Revenue	\$157009633
Other Operating Revenue	\$47649790
Total Operating Revenue	\$204659423

4. Operating Expenses

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Salaries and Wages	\$61172410	Employee Benefits	\$15623787
Depreciation and Amortization	\$12355196	Interest Expense	\$3879507
Bad Debt	\$7154123	Other Expenses	\$65631281
Total Operating Expenses	\$165816304		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38843119	Total Assets	\$570249162
Net Non-operating Gains over Loss	\$28702202	Total Liabilities	\$198650247
Total Net Gains	\$67545321		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$224703239	\$174174707	\$50528532
Medicaid	\$105017861	\$77589054	\$27428807
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$167435898	\$88383603	\$79052295
Total	\$497156998	\$340147364	\$157009634

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$400000	\$0	\$400000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$171221	\$-171221
Hospital Patients	\$0	\$0	\$0
Community Education	\$122574	\$535910	\$-413336

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	5000
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,541,578		

	Subtotal	\$2541578	\$0	\$2541578
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$2541578	\$0	\$2541578

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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